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UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

David Carter
pro se

Plaintiff,

[Insert full name of plaintiff/prisoner]

16CV1187

CIVIL RIGHTS COMPLAINT

42 U.S.C. § 1983

JURY DEMAND

YES NO

-against-

New York City
Correction Officer
Taveras / shield #7037
Mate his panic
why worked 7-3 tour
@ A.M.K.C. Visit counsel office

Defendant(s).

[Insert full name(s) of defendant(s). If you need additional space, please write "see attached" and insert a separate page with the full names of the additional defendants. The names listed above must be identical to those listed in Part I.]

I. **Parties:** (In item A below, place your name in the first blank and provide your present address and telephone number. Do the same for additional plaintiffs, if any.)

A. **Name of plaintiff**

David Carter

If you are incarcerated, provide the name of the facility and address:

G.R.V.C. (Beacon)
Rikers Island
09-09 Hazen St.

Prisoner ID Number:

349-16-00020

If you are not incarcerated, provide your current address:

~~Address~~

Telephone Number:

252-723-4706

B. List all defendants. You must provide the full names of each defendant and the addresses at which each defendant may be served. The defendants listed here must match the defendants named in the caption on page 1.

Defendant No. 1

Full Name

Job Title

Address

N.Y.C. Correctional Officer
Taveras ~~703~~
New York City Curr. offig
A.M.K.C. Rikers Island
18-18 Hazen St.
East Elmhurst, NY 11370

Defendant No. 2

Full Name

Job Title

Address

Defendant No. 3

Full Name

Job Title

Defendant No. 4

Address

Full Name

Job Title

Address

Defendant No. 5

Full Name

Job Title

Address

II. Statement of Claim:

(State briefly and concisely, the facts of your case. Include the date(s) of the event(s) alleged as well as the location where the events occurred. Include the names of each defendant and state how each person named was involved in the event you are claiming violated your rights. You need not give any legal arguments or cite to cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. You may use additional 8 1/2 by 11 sheets of paper as necessary.)

Where did the events giving rise to your claim(s) occur?

*② Inmate
Counsel visit room @ A.M.K.C.
C-1-C95 Rikers Island*

When did the events happen? (include approximate time and date)

*January 14th 2016 during
7-3 hour approximately 10:45
AM*

Facts: (what happened?)

ON January 14th 2016
male hispanic New York City
Correction officer who is
identified as Mr. Taveras
Shield # 7037 deliberately
assaulted my person literally
2 seconds after being attacked
and as well assaulted by
an inmate who came from
the blind side of me
with no particular warning
or prior verbal altercation.
Officer Taveras who witnessed
this particular attack
allowed other inmate to harm
me and grabbed me by my
Neck causing injury to my
thyroid gland and proceeded to
trip me off my feet with his
legs.

II.A. Injuries. If you are claiming injuries as a result of the events you are complaining about, describe your injuries and state what medical treatment you required. Was medical treatment received?

Pain and swelling
to neck area and
traumatized severely
due to being assaulted
immediately after being
assaulted and shock and
traumatized by being caught
off guard by blows to neck

III. Relief: State what relief you are seeking if you prevail on your complaint.

I ask respectfully
that I be awarded
10 million dollars for PAIN,
TRAGAUTIZATION, and suffering.
And Also a federal memorandum
for enforcement, sensitivity training
for inmate safety etc.

I declare under penalty of perjury that on January 27th in 2016 (date) delivered this
complaint to prison authorities at G.R.V.C. - Rivers ISLAND to be mailed to the United
States District Court for the Southern District of New

I declare under penalty of perjury that the foregoing is true and correct.

Dated: January
27th, 2016

Signature of Plaintiff

Mr. David Cartor

Name of Prison Facility or Address if not incarcerated

09-09 Hazeal st
EAST ELmhurst NY
11370

Address

349-16-00020

Prisoner ID#

N.Y.S.I Det

rev. 12/1/2015

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Mr. David Carter #349-16-00070
G.R.V.C. - Rikers Island
09-09 Hazen Street
EAST Elmhurst, N.Y. 11370

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Pro SE Clerk
United States Dist
500 Pearl Street
New York, N.Y. 1000